

Date



PTO/68/62 (01-06)
Approved for use through 12/31/20/6 (3/46 0651-003)
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Under the Paperwork Reduction Act of 1995, an present are required to re		o: U.S. DEPARTMENT OF COMMERC s is disclays a valid O'4B control number
	Application Number	9853102
REVOCATION OF POWER OF	Filing Date	
ATTORNEY WITH	First Named Inventor	
NEW POWER OF ATTORNEY	Art Unit	
CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name	
	Attorney Docket Number	678-614
I hereby revoke all previous powers of attorney give	n in the above-identified ao	plication.
A Power of Attorney is submitted herewith.		
OR		
i hereby appoint the practitioners associated with	the Customer Number 66	5547
The address associated with Customer Number: 66547		
Firm or Individual Name		
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City	State	Zip
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I am the:		
Applicant/Inventor		
Assignee of record of the entire interest. See 37 Statement under 37 GFR 3.73(b) is enclosed. (F		
SIGNATURE of Applic	ant or Assignee of Record	
Signature Q. J.		
Name Jong Yong Yun President of Samsung Elec	tronics Co., Ltd.	

This colocular of information is required by 27 CPR 1.36. The information is required to belian or retain a bonds by the public which is to life (and by the USPTO to process) an apparation. Condendatily is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This coloculor is estimated to take 3 include to complete, including gathering, preparing, and submitting the complete application forms the USPTO. Time will very depending upon the individual case. Any comments on the including systems of time you require to complete this form analysis suggestions for causing this burden, should a so son to the Chief information Officer, U.S. Patient and Trickment Officer, U.S. Consument of Commerce, I.O. Box 1550, Alexandray, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Potents, P.O. Box 1450, Alexandray, VA 22313-1450.

NOTE. Signatures of all the inventors or assignees of record of the entire interest active representative(s) are required. Submit multiple forms if more than one algorithms is required, see below.

2006

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If you need assistance in completing the form, call 1-900-PTO-2199 and select oppon Z